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M E M O R A N D U M

TO: Public Health Council Members

FROM: Ralph Edwards

DATE: May 17, 1993

RE: Protect Teen Health Evaluation

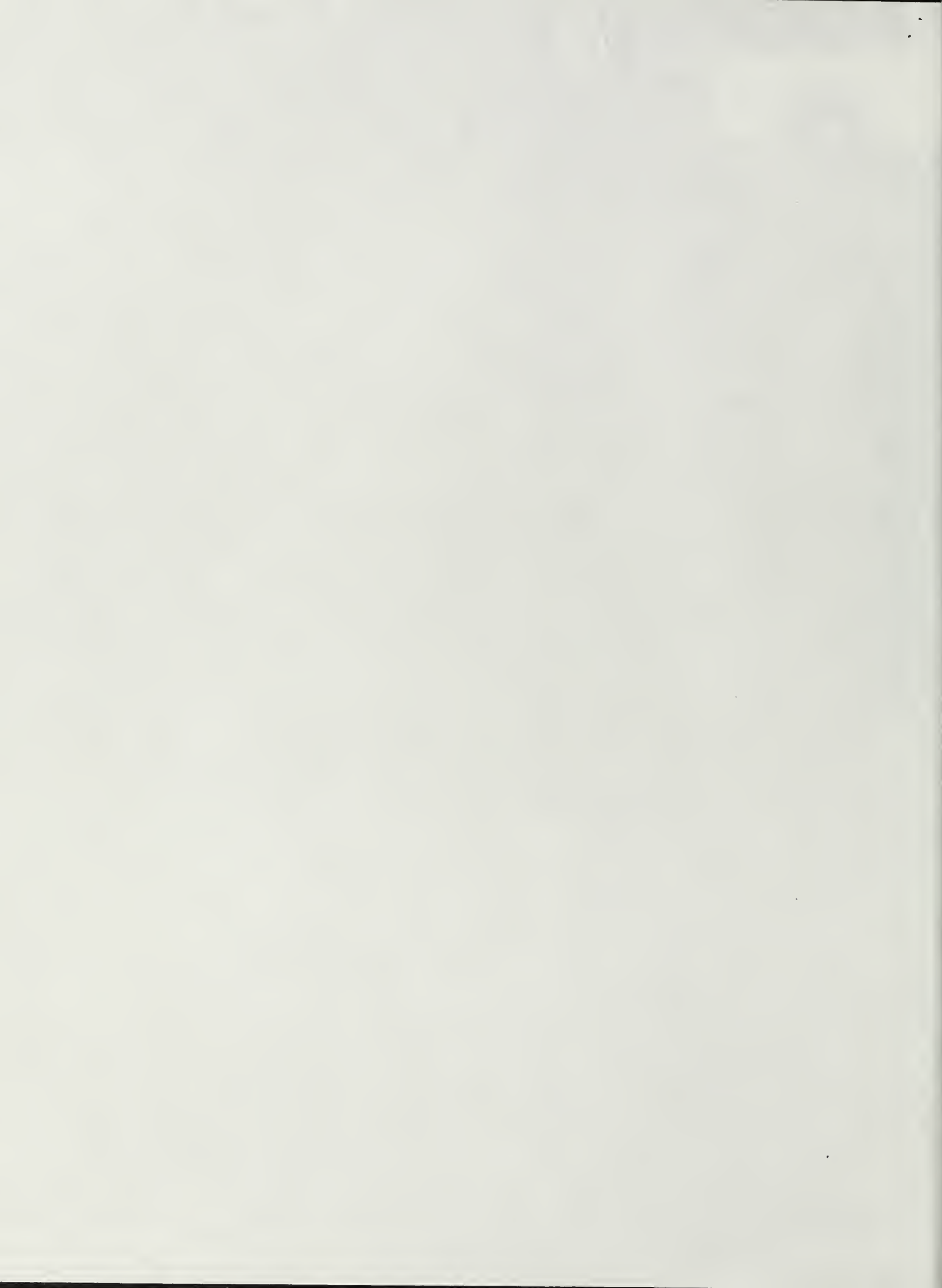
Attached is the executive summary of an evaluation of peer leadership teams. It was prepared by Guitele Nicoleau, a Harvard School of Education doctoral candidate. Ms. Nicoleau and peer educators will present at the Tuesday, May 25th council meeting.

The peer leadership teams are a component of the DPH Protect Teen Health program. These peer educators receive training on HIV/AIDS prevention and transmission, communications, and community development. Most of the peer educators also receive Safety Net training. The youth conduct community education forums, media activities and outreach. In addition to increasing their individual knowledge about HIV/AIDS, the youth develop skills in working collaboratively to address community health issues.

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PROTECT TEEN HEALTH EVALUATION REPORT
Guitele Nicoleau

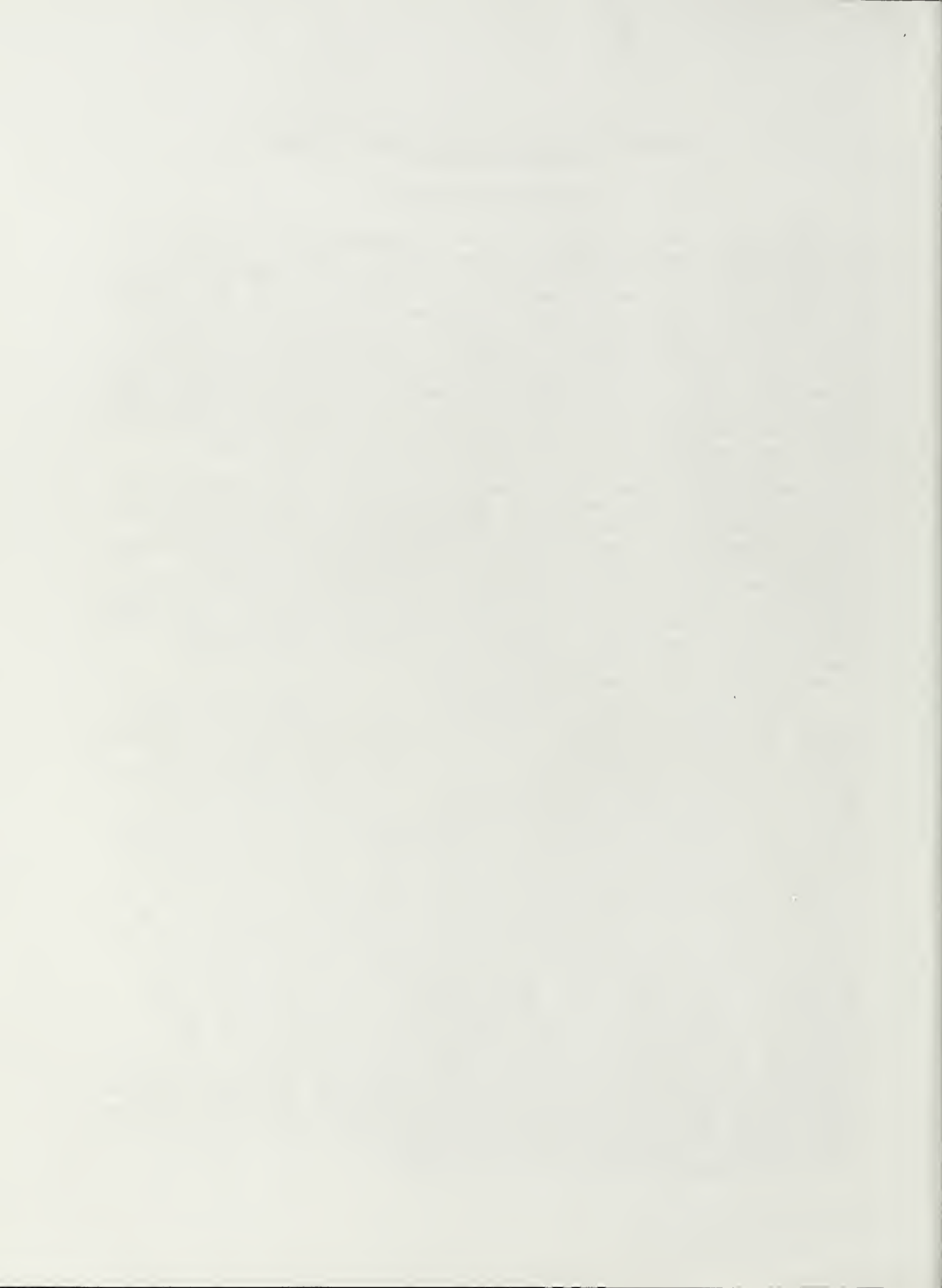
Executive Summary

In June 1991, the AIDS Bureau of the Massachusetts Department of Public Health launched Protect Teen Health (PTH)--a one year comprehensive, multidimensional AIDS prevention campaign focusing on youth and young adults between 12-25 years of age. As stated by the Bureau, the major goal of PTH was to "reduce the risk of HIV infection among youth by creating and reinforcing positive social norms which support a range of health options for youth and young adults." The Bureau proposed to accomplish PTH's goals by working with youth in community-based and youth agencies, the media and various interested parties. The Bureau gave priority to 10 cities (especially to minority and gay and lesbian youth) that have shown evidence of problematic health indicators and increasing rates of HIV infection.

Working with the Prevention Centers in the five regions of the state, the Bureau selected and funded over 100 peer educator teams to conduct outreach with youth and young adults in the local communities. The youth were trained along with their adult advisors with the Peer Leadership Preventing AIDS (PLPA) curriculum developed by the Medical Foundation; and additional training in outreach strategies and the "safety net parties" was provided by Bureau staff. The youth were employed for five hours per week and their adult advisors for 10 hours per week to conduct outreach activities targeting youth, young adults, parents, and other community members.

After the first year of implementation of PTH, the Bureau wanted to find out what had happened in the course of the year and to determine the impact that the campaign had on the targeted youth and their communities. In the fall of 1992, the Bureau commissioned the ensuing evaluation of PTH. Recognizing that the questions being asked by the Bureau would best be answered by employing qualitative research methods, it was agreed that the evaluation of PTH would be an "ethnographic evaluation" focusing primarily on answering "what was going on?" firstly, from the perspective of the peer educators who were both the recipients and the implementers of the PTH campaign; and secondly, from the perspective of the adult advisors who worked closely with the youth as they carried out their charge as peer educators. It was supposed that the responses to this larger question would point to the kind of impact the campaign had on the youth and by extension, the community. More specifically, the evaluation sought to answer the following questions: "How did the teens carry out their work as HIV prevention peer educators? What enhanced or created barriers to their work? What have they learned about themselves, their peers, their community, and AIDS education in doing this work? How can this new knowledge inform the work of PTH? What implementation theories can we identify as being peculiar to a statewide HIV prevention intervention with adolescents in community-based settings?"

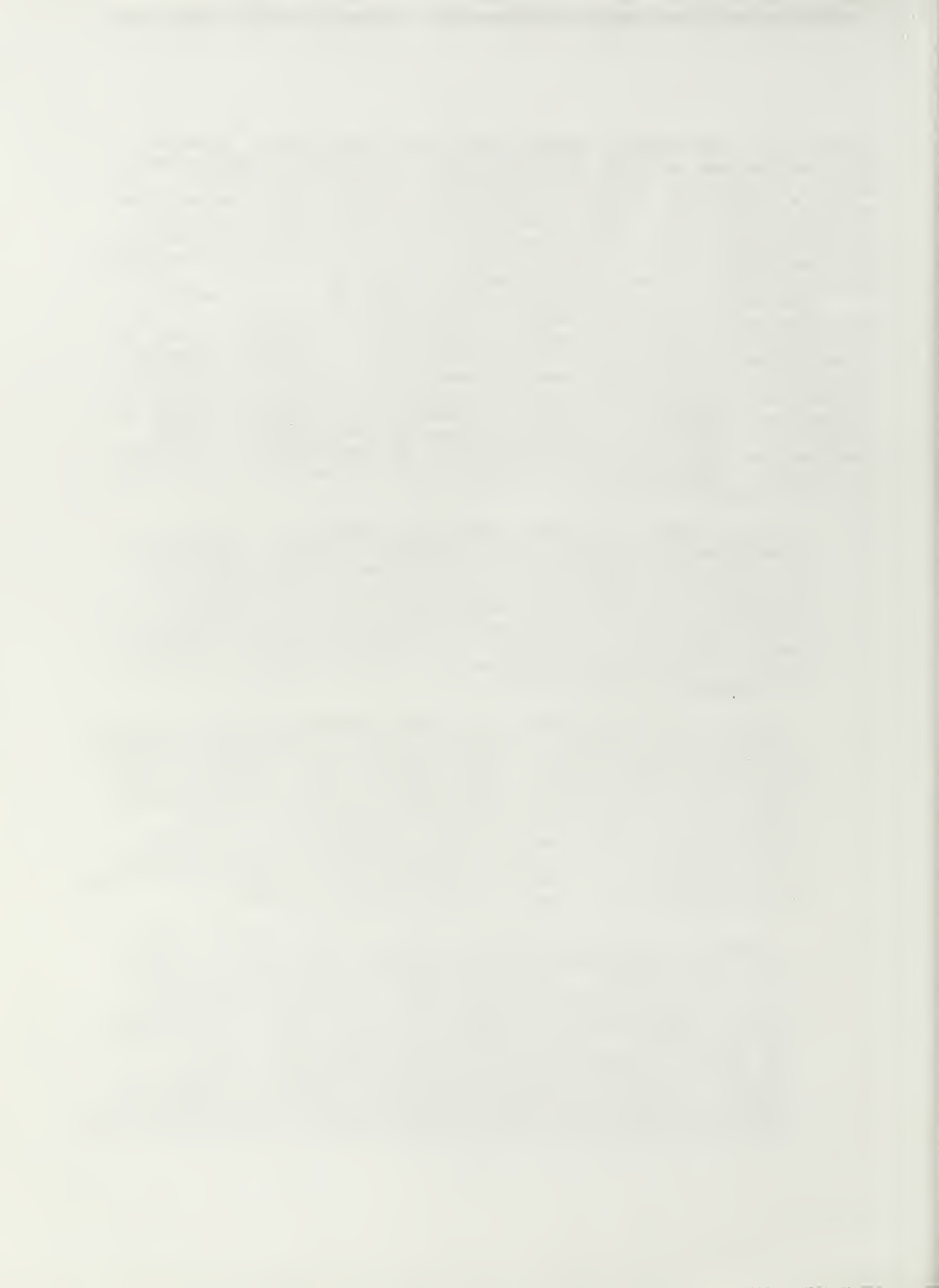
Peer educator teams and their adult advisors from five



different organizations across the state representing diverse populations and program approaches were selected to participate in the evaluation. Using the foregoing questions as a basis, schedules were developed to interview the peer educators and the adult advisors in a focus-group and one-on-one long interview format respectively. The interviews lasted between 2-2.5 hours and generated over 250 pages of data. This data was then analyzed using qualitative research methods of analysis.

The themes which emerged from the data were then further analyzed and illustrated using a youth-focused program implementation model articulated by Ronald F. Ferguson (1992) in a recent and unpublished paper. Essentially, Ferguson suggests that the most successful youth-focused community-based programs create the opportunities to enable youth to overcome risk by fostering resistance, providing protection and engaging youth in activities that foster healthy adolescent development. Using Ferguson's model to identify process (implementation), outcome, and impact indicators, the findings from the data were summarized in the following points:

- o Process (implementation) indicators reveal that as a statewide initiative, PTH represented a unique opportunity for the five organizations to provide: a) HIV prevention learning opportunities; b) strategies for teaching about HIV/AIDS; c) skills to conduct outreach activities for peers, parents, and members of the community; d) rewards for performing their work; and e) increased possibilities for the youth and adult advisors to identify personal, social and organizational goals.
- o Outcome indicators reveal that PTH provided the peer educators with outlets for affirming a) affiliations between the youth, organization, and community; b) a secure context for understanding and modeling safer social practices, i.e. safer sex; c) the social usefulness of their roles as peer educators and resources to their communities; d) the influence of their knowledge about HIV/AIDS among their peers, younger adolescents, family members, and the larger community; and e) a sense of achievement in their efforts to help people become aware of and prevent HIV/AIDS.
- o Though an analysis of the long-term impact of PTH on HIV prevention among the PTH peer educators was not the thrust of this evaluation, the data suggests that in the youths' experience lies the potential for a long-term ability to protect themselves and those around them from HIV infection and to respond with compassion to people who have HIV/AIDS. The youth's "good feelings" about themselves, their acceptance of the attendant responsibilities of being role models, and their reading of the peer educator status as a long-term commitment would suggest that the socially useful identity they gained as peer educators has the potential for



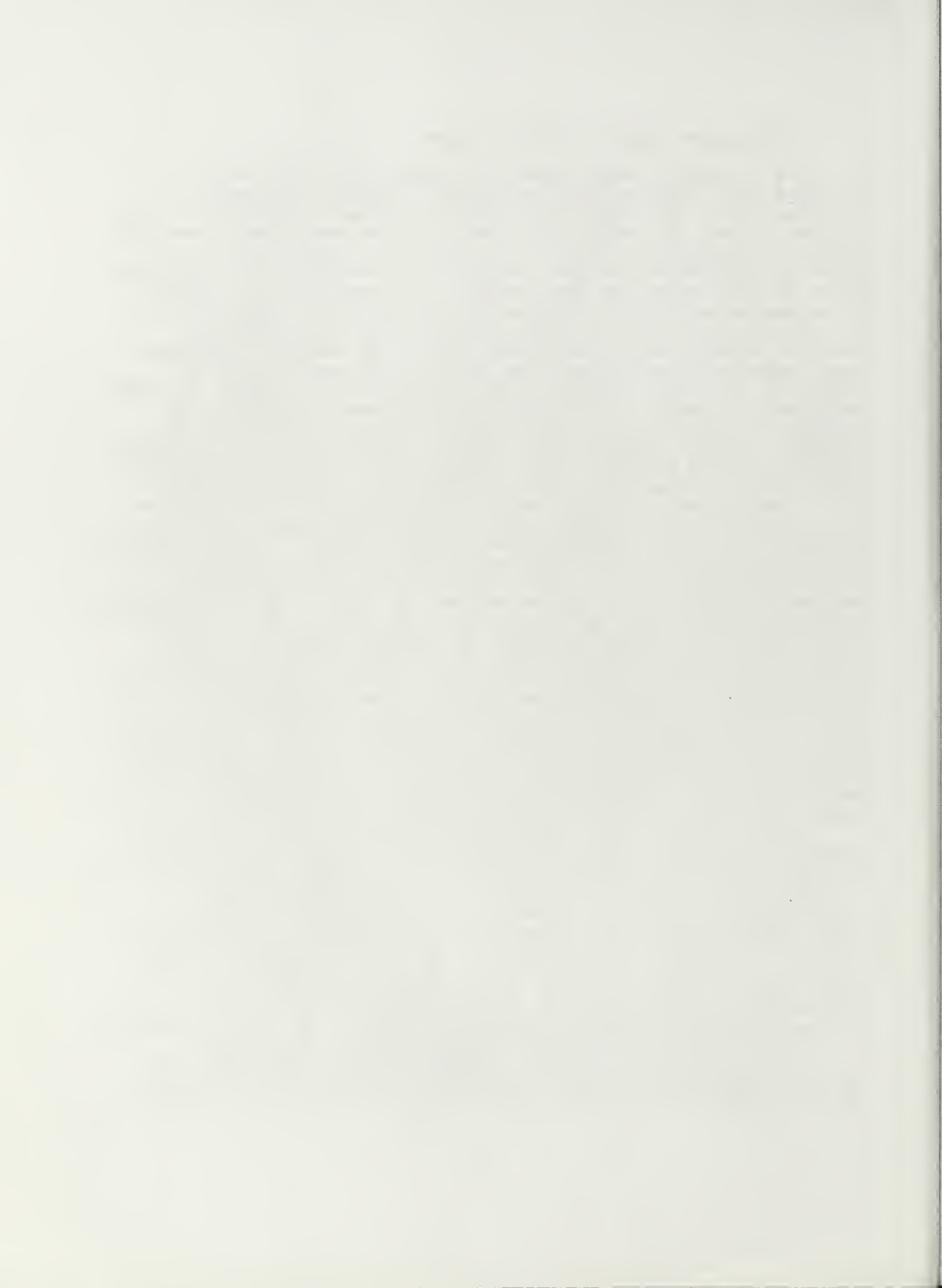
a long-term impact on their lives.

The interview method used to conduct this evaluation provided the youth and the adult participants of PTH with an opportunity to use their own words to express the meaning of PTH in their lives, to articulate what they learned about themselves and their communities, and to express their views about their roles in helping to prevent HIV in their communities. Using their words as the content of the analysis, we were able to identify the elements which gave meaning and shape to the implementation of PTH. The resonance of their words with other evaluation research efforts being conducted with youth-focused community-based organizations signals the validity of such models in capturing the ways in which these organizations respond to youth and community needs. Using qualitative research methods and Ferguson's framework, we were able to discover the types of process, outcome and potential impact indicators that constitute the "protective factors" that organizations provide in helping youth overcome risk and foster resistance to risk behaviors.

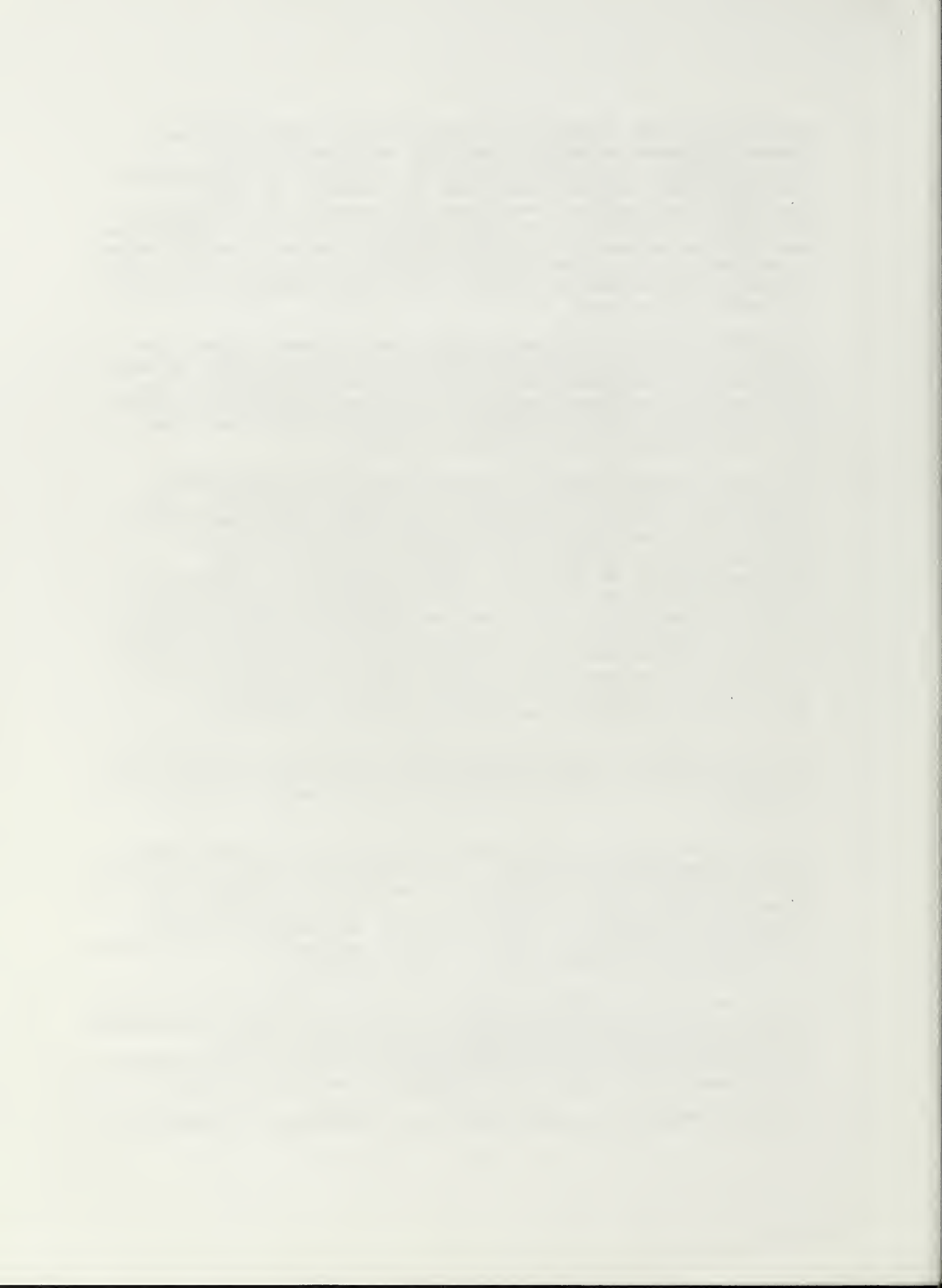
Though these findings cannot be generalized to all of the peer educator teams funded by DPH, they reveal some important insights into the implementation of the campaign. Relative to the five organizations, The AIDS Bureau can be said to have met, in varying degrees, its six goals for PTH. Four implementation strategies utilized by the Bureau can be said to have contributed to the accomplishment of these goals: a) the use of the peer to peer prevention education model; b) making available a well-articulated, youth-focused training on HIV/AIDS to the peer educators and the adult advisors; c) allowing organizations the flexibility to select and develop their own strategies for outreach that respond to the peculiarities of their communities; and d) the provision of a reward structure of paid work to the youth and the adult advisors. In all five organizations, the presence of PTH enhanced the organization's ability to respond more forcefully, coherently, and with accurate information to the need for HIV/AIDS education in the local communities.

Some concerns about the implementation of PTH were equally raised during the interview process, especially by the adult advisors. Briefly stated, they refer to: a) the brevity of the 4-8 month duration PTH's first year; b) the organizations' inability to depend on a second year of funding so that they might improve upon and refine effective outreach strategies and recruit additional peer educators; c) the insufficient number of hours (10) allotted to the work of the adult advisors; d) the need felt by adult advisors to be supported in their own professional development as "youth workers"; and e) the inability of the reporting forms to capture the dynamic of the diversity of outreach efforts and audiences experienced by the teams.

Drawing from the policy implications of the findings and concerns expressed in this evaluation, several recommendations can be made:



- o that the Bureau continue to work with the youth-focused community-based organizations in a relationship of "partnership": providing them with training opportunities, technical assistance, resources (i.e. safety net bags, condoms), information about current research on HIV/AIDS, statewide visibility, and opportunities to share experiences and convene around program innovations; while allowing these organizations the flexibility to develop and experiment with outreach approaches and methods that they consider relevant to their communities.
- o that PTH continue to use the PLPA curriculum to train the youth and that the training continue to be provided to youth from diverse programs reflecting diverse populations. The curriculum developers may want to consult the adult advisors to be apprised of the culturally-relevant dimensions that may be lacking in the current curriculum.
- o that multi-year funding be made available to programs to assure some measure of program security, continuity, and consistency. This consistency would allow the organizations to plan year to year within-organization and outreach strategies that reflect the learning curves of the implementation; to use each year as a basis to assess the shapes of HIV/AIDS related needs among the youth in and out of the organization; to offer peer educator training and outreach opportunities to more youth; to maintain a visible level of HIV prevention discourse in the community; and to continue the potentially lengthy battle with schools and politicians to support efforts that engage youth in protecting themselves and others from HIV infection.
- o that the adult advisors should, at minimum, be employed as part-time staff, and provided with opportunities that could support them in their professional development as youth workers.
- o that the Bureau should continue to provide opportunities such as the Youth Congress, the recognition event and others that allow the peer educators to convene on a broad scale to showcase their work, approaches, etc. Such opportunities lessen the isolation of the programs and help to create a context of support for the healthier options that the Bureau is seeking to promote with the PTH campaign.
- o that the Bureau should consider using an interview format to engage the program participants in planning their operations from year to year. The indicators revealed in this evaluation and the interview schedule used for the research could serve as a basis for developing such a protocol.
- o that the Bureau consider using the indicators revealed in



this evaluation to help build responsive evaluation tools for assessing HIV/AIDS prevention youth-focused program success and assisting the organizations in improving program practices.

- o that evaluation tools, that could be applied to a larger number of PTH-funded organizations, be developed based on the process and outcome indicators revealed in this evaluation.
- o that further research be conducted to assess if and how the PTH experience helped these youths prevent HIV infection beyond their tenure in the program.

